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Effective on 12/08/2004.  
*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*  
**FEE TRANSMITTAL**  
**For FY 2008**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 930.00)

**Complete if Known**

|                      |                         |
|----------------------|-------------------------|
| Application Number   | 10/816,357-Conf. #1187  |
| Filing Date          | April 1, 2004           |
| First Named Inventor | Choong-Chin Liew        |
| Examiner Name        | J. C. Switzer           |
| Art Unit             | 1634                    |
| Attorney Docket No.  | 2055Q(204231) CG10-02-Q |

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, **except for the filing fee**  
 Charge any additional fee(s) or underpayments of  Credit any overpayments  
 fee(s) under 37 CFR 1.16 and 1.17

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <b>Application Type</b> | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b> |                     | <b>EXAMINATION FEES</b> |                     |                       |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
|                         | <b>Fee (\$)</b>    | <b>Small Entity</b> | <b>Fee (\$)</b>    | <b>Small Entity</b> | <b>Fee (\$)</b>         | <b>Small Entity</b> | <b>Fees Paid (\$)</b> |
| Utility                 | 310                | 155                 | 510                | 255                 | 210                     | 105                 |                       |
| Design                  | 210                | 105                 | 100                | 50                  | 130                     | 65                  |                       |
| Plant                   | 210                | 105                 | 310                | 155                 | 160                     | 80                  |                       |
| Reissue                 | 310                | 155                 | 510                | 255                 | 620                     | 310                 |                       |
| Provisional             | 210                | 105                 | 0                  | 0                   | 0                       | 0                   |                       |

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues) **Fee (\$)** **Fee (\$)**  
 50 25  
 Each independent claim over 3 (including Reissues) **Fee (\$)** **Fee (\$)**  
 210 105  
 Multiple dependent claims **Fee (\$)** **Fee (\$)**  
 370 185

**Total Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**  
 21 - 234 x =

HP = highest number of total claims paid for, if greater than 20.

**Multiple Dependent Claims**

**Fee (\$)** **Fee Paid (\$)**

**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**  
 1 - 21 x =

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                 |                      |
|---------------------|---------------------|---|-----------------|----------------------|
| <b>Total Sheets</b> | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b> | <b>Fee Paid (\$)</b> |
| _____               | - 100 =             | /50 = (round up to a whole number) x                    | _____ =         | _____                |

**4. OTHER FEE(S)** **Fees Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount) **Fee (\$)** 525.00  
 Other (e.g., late filing surcharge): 2253 Extension for response within third month **Fee (\$)** 405.00  
 2801 Request for continued examination (RCE) (see 37 ... **Fee (\$)**

**SUBMITTED BY**

|                   |               |                                      |        |           |                 |
|-------------------|---------------|--------------------------------------|--------|-----------|-----------------|
| Signature         | /Amy DeCloux/ | Registration No.<br>(Attorney/Agent) | 54,849 | Telephone | (617) 239-0294  |
| Name (Print/Type) | Amy DeCloux   |                                      |        | Date      | August 26, 2008 |